



## EMPLOYMENT APPLICATION

### Gilmer County Government (BOC)

*In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status. If you are hired by Gilmer County, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. Gilmer County is a drug free work place. By way of my signature below I acknowledge and authorize Gilmer County to perform a drug screen and background check prior to hire.*

**Instructions:** Complete **all** sections of the application including signature. You may attach a resume for the work history section as long as it includes all vital information on job responsibilities. Applications without signatures will not be considered. Please print clearly.

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis? ☐ Yes ☐ No

Are you currently employed by Gilmer County: ☐ Yes ☐ No

May we contact your current employer? ☐ Yes ☐ No

Name of current employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact persons name: \_\_\_\_\_

Position applied for: \_\_\_\_\_

When are you available to start? \_\_\_\_\_ Desired pay range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Do you wish to work Full time \_\_\_\_\_ Will you consider Part time? \_\_\_\_\_

What hours and days are you available to work? \_\_\_\_\_

Have you worked for Gilmer County before? ☐ Yes ☐ No

If so, which department? \_\_\_\_\_ What position? \_\_\_\_\_ Dates: \_\_\_\_\_

Are you related to anyone who works for Gilmer County Government? ☐ Yes ☐ No

If so, what is the relationship? \_\_\_\_\_ Which Department?: \_\_\_\_\_

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please describe conditions and dates: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Educational Background:	<u>Years Attended</u>	<u>Major</u>	<u>Diploma/Degree</u>
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High School: _____	_____	_____	_____
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College: _____	_____	_____	_____
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Other Training: _____	_____	_____	_____
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Computer Skills: _____	_____	_____	_____
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List all other skills and qualification: \_\_\_\_\_

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Work History: (Most current first)

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Wage rate: \$ \_\_\_\_\_ at time of separation  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Wage rate: \$ \_\_\_\_\_ at time of separation  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Wage rate: \$ \_\_\_\_\_ at time of separation  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Position Held: \_\_\_\_\_ Date Started: \_\_\_\_\_ Date Ended: \_\_\_\_\_  
Wage rate: \$ \_\_\_\_\_ at time of separation  
Responsibilities: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

References: *List the names and phone numbers for three references, not related to you whom you have known for more than one year.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ Phone #: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Phone #: \_\_\_\_\_

I certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this document shall be considered sufficient cause for dismissal. Gilmer County is hereby authorized to make any investigations of my prior education and employment history. I understand that employment by Gilmer County is "at will" which means that either party can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis.

**Signature:**

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